

TRAVEL EXPENSE CLAIM

STD 262-A 6-93

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CLAIMANT'S NAME Stephen M. Hardy			SOCIAL SECURITY NUMBER* On-file			DEPARTMENT Alcoholic Beverage Control		
POSITION Director		CB/ID NUMBER	DIVISION OR BUREAU Headquarters				INDEX NUMBER 5000	
RESIDENCE ADDRESS*			HEADQUARTERS ADDRESS (DISTRICT OFFICE) 3927 Lennane Drive, Ste. 100				TELEPHONE NUMBER [REDACTED]	
CITY CA		ZIP CODE	CITY Sacramento		STATE CA		ZIP CODE 95834	

(1)MONTH/YEAR		(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODG NG	(5) MEALS			(6) NCIDEN- TALS	(7) TRANSPORTATION					(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY
OCT. 2009				BREAK- FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
DATE	T ME										MILES	AMOUNT		
(2)														
	1545 1758	SACTO								12.25		0.00	12.25	
NOV.	2009											0.00	0.00	
	1153 1356	SACTO								17.50		0.00	17.50	
DEC.	2009											0.00	0.00	
												0.00	0.00	
	1543 1801	SACTO								12.25		0.00	12.25	
12/17	0600	SACTO TO ORANGE	115.24	6.00	10.00	18.00						0.00	149.24	
12/18	1155	ONTARIO TO SACTO		6.00			6.00			30.00		0.00	42.00	
												0.00	0.00	
JAN.	2010											0.00	0.00	
	01/08 1935	SAN FRANCISCO								4.00		0.00	4.00	
	01/09 0402	SAN FRANCISCO								4.00		0.00	4.00	
												0.00	0.00	
												0.00	0.00	
(10) SUBTOTALS			115.24	12.00	10.00	18.00	6.00	0.00		80.00	0	0.00	241.24	
CLAIM TOTAL												\$241.24		

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

10/21/09-Director's Meeting at BTH; 11/12/09-Mtg. w/SF Supervisor Duffy; 12/09/09-Director's Meeting at BTH;
12/17-18/09-So. Division Staff Meeting and Office Visit; 01/08-09/2010-Ride Along w/Sen. Yee

(12) NORMAL WORK HOURS	INDEX	OBJ	AO	PCA	AMOUNT	INDEX	OBJ	AO	PCA	AMOUNT	SUB TOTALS
0800-1500											0.00
(13) PRIVATE VEHICLE LICENSE No.											0.00
(14) MILEAGE RATE CLAIMED											0.00
0.500											0.00
AGENCY ACCOUNTING OFFICE USE ONLY											0.00
PAID BY REV. FUND CHECK No.											0.00
TOTALS						TOTALS				0.00	0.00

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE	DATE	(16.) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT	DATE
(17.) SIGNATURE AND TITLE OF AUTHORITY FOR SPECIAL EXPENSES (See item 17 on reverse)		DATE	